



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E395059**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00240		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	01 - 25 - 2015	TIME (2400)	1851	COUNTY #	31	MILES		N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 204	BLOCK NO.	9100	MILE POST	
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DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	91 AVE NE	S	W
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2069535537
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LAST NAME	MAJALI	FIRST NAME	MONTASER	MIDDLE INITIAL	M
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STREET NEW ADDRESS	170 MELROSE AVE E #304
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CITY	SEATTLE	ST	WA	ZIP	98102
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	MAJALMM098B5	STATE	WA	SEX	M	D.O.B.	01 - 25 - 1991
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	TEMP: 1405953A	STATE	WA	VIN#	1NXBA02E2VZ560306
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1997	MAKE	TOYT	MODEL	COROL	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 44378-20-00-93
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2532322867
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LAST NAME	CUTLER	FIRST NAME	CODY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	125 SW CAMPUS DR #17-205
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CITY	FEDERAL WAY	ST	WA	ZIP	98023
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	CUTLEJ155LS	STATE	WA	SEX	M	D.O.B.	06 - 10 - 1985
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	SORE NECK
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LICENSE PLATE #	ASU4471	STATE	WA	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2006	MAKE	JEEP	MODEL	CHEROK	STYLE	2W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 987130071
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E395059

CASE #

15-00240

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit # 2 was westbound on SR 204 stopped for red light at intersection of 91 AVE NE. Unit #1 was westbound on SR 204 approaching behind Unit #2. Unit #1 rear ended Unit #2. Driver of Unit #1 states that they had a green light and Unit #2 suddenly stopped. Evidence at the scene shows that Unit #2 was stopped at the stop line at the intersection and was pushed forward as a result of the impact by Unit #1. Unit #1 was towed by Top Notch Towing as an owner request.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-25-15 11:48 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

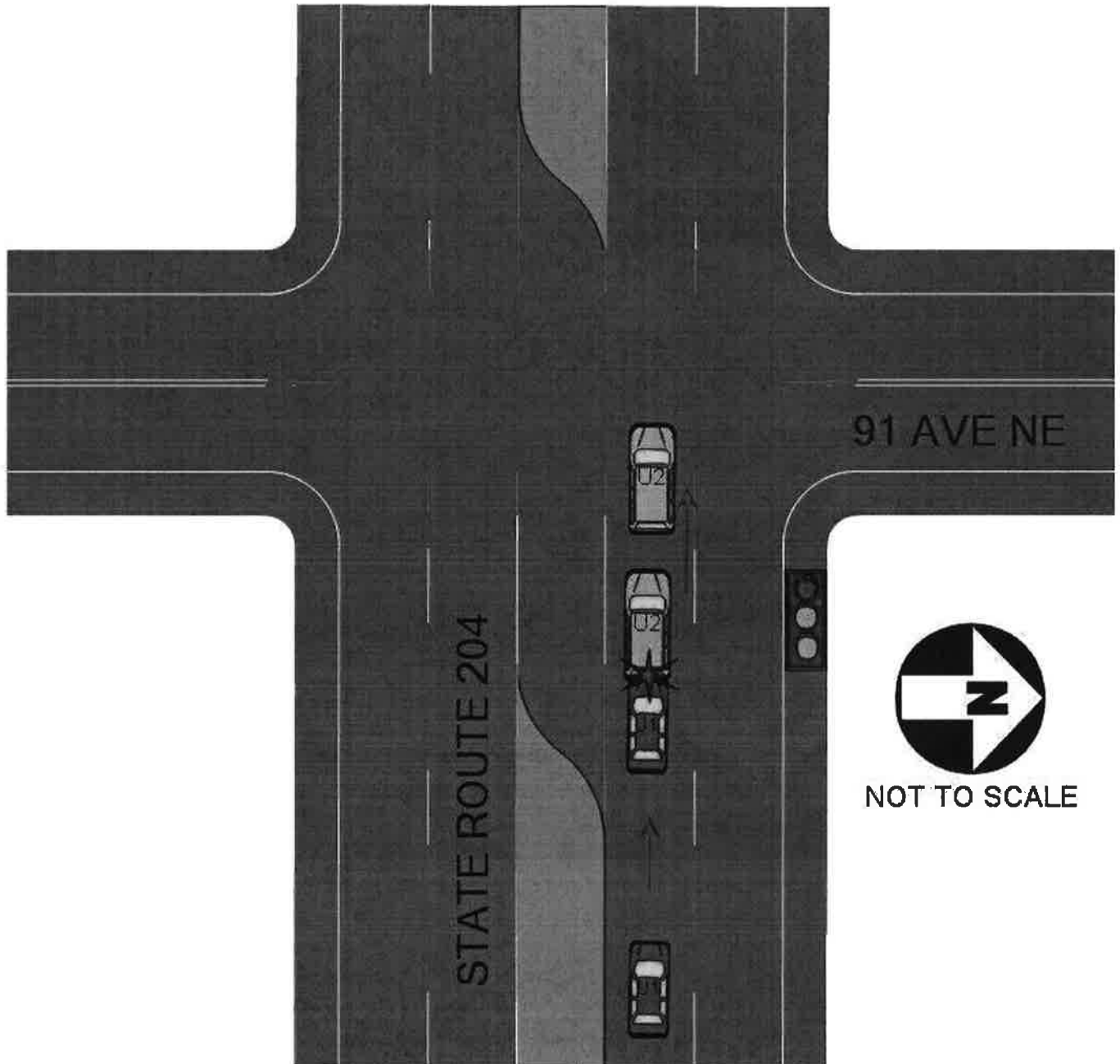
1/25/2015 11:49:02 PM

BADGE OR ID # 095

ORI # WA0311900

TIME POLICE DISPATCHED 6:52 PM

TIME POLICE ARRIVED 7:03 PM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-240

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MAJALI MONTSER	RACE	ETH	SEX M	DOB 1/25/98	AGE 17	HGT	WGT	HAIR	EYES
STREET ADDRESS 170 Melrose Ave E		CITY Seattle		STATE WA		ZIP 98102		RES. STATUS		
HOME PHONE		CELL PHONE 206-953-5837		PLACE OF EMPLOYMENT N/A						
WORK PHONE		EMAIL ADDRESS								

I, Montaser Majali, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving and the light was green and all the sudden the car in the front of me stopped, I did hit the brake but it was late.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Montaser Majali	DATE SIGNED 1/25/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: miner	DATE SIGNED 1/25/15	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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VICTIM/WITNESS STATEMENT

15.240

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cutler, Cody James	RACE W	ETH	SEX M	DOB 6/10/1985	AGE 29	HGT 5'11"	WGT 175	HAIR Brown	EYES Hazel
STREET ADDRESS 125 SW Campos Dr. # 11205		CITY Federal Way				STATE WA	ZIP 98023	RES. STATUS		
HOME PHONE 253-232-2867		CELL PHONE 253-232-2867			PLACE OF EMPLOYMENT Franz Bakery					
WORK PHONE		EMAIL ADDRESS cicutler1@outlook.com								

1, Cody Cutler, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting at a red light and got hit from behind

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Grady Carter</i>	DATE SIGNED: <i>1/25/15</i>	LOCATION SIGNED:
OFFICER/NUMBER: <i>PT 312</i>	DATE SIGNED: <i>1/25/15</i>	LOCATION SIGNED:

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15-240





15-240



15-240





15.240

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>miner 95</i>				Case Number <i>15-240</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>Collision</i>				Date/Time: <i>1-25-15 2:00</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification							

Case #

Item # Action #	1	Item <i>CD</i> Brand Name <i>Compucessor</i> Brand/Model/Caliber (Further Description) <i>Scene Photos</i>	Storage Location	Disposition
	3	Serial #	Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Barcode goes here Owner Signature/Other remarks /additional information/ special instructions			
Item # Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #	Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Barcode goes here Owner Signature/Other remarks /additional information/ special instructions			
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		Serial #	Where Found	Weight of Narcotic
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Item # Action #		Item Brand Name Brand/Model/Caliber (Further Description)	Storage Location	Disposition
		Serial #	Where Found	Weight of Narcotic
	Owner's Name Address City State Zip Phone # Barcode goes here Owner Signature/Other remarks /additional information/ special instructions			

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Loc Info:			
Name:	STATE PATROL	Addr:	Phone:
/1851	(SP0384)	ENTRY	,NON INJ, BLOCKING, 2 VEHS - TROOPER ON SCENE AND D WILL STAND BY
/1851	(SP0166)	MISC	,BRCST
/1852		DISPER 19S13	#SS95 MINER,SGT (ROBERT)
/1901	(SP0384)	SUPP	TXT: STATE CB REQ ETA
/1903	(SP0331)	ONSCNE 19S13	
/1904		ONSCNE 19S13	[SR 204/91]
/1912	(*****)	REMINQ 19S13	AF05953A
/1912	(SP0331)	REMINQ 19S13	LIC, 19S13, AF05953A,, ,
/1912	(*****)	REMINQ 19S13	1F05953A
/1912	(SP0331)	REMINQ 19S13	LIC, 19S13, 1F05953A,, ,
/1912		ROTREQ 19S13	TOW 5705 LKS TOP NOTCH TOWING 3605688877
/1912	(SS95)	*ASNCAS 19S13	\$SS15000240
/1913	(SP0331)	MISC 19S13	,TOP NOTCH ENRT
/1916	(SS95)	REMINQ 19S13	MDTWANT,MAJALI,MONTASER,M,012591,, ,WA,,,,,,,,,,,,,
/1920		REMINQ 19S13	MDTVEH,, ,WA,1NXBA02E2VZ560306,,,,,,,,,,,,,
/1923		REMINQ 19S13	MDTWANT,CUTLER,CODY,J,061085,, ,WA,,,,,,,,,,,,,, ,
/1925		REMINQ 19S13	MDTVEH,ASU4471,, ,WA,,,,,,,,,,,,,
/1926		REMINQ 19S13	MDTVEH,ASU4471,, ,WA,,,,,,,,,,,,,
/1931		*MISC 19S13	,SR204 AND 91 AVE NE
/1932		*MISC 19S13	,TOW ON SCENE
/1937	(SP0243)	CLEAR 19S13	D/H
/1937		CLOSE 19S13	